

Please type a plus sign (+) inside this box → +

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))

Attorney Docket No.	PC9927C
First Named Inventor or Application Identifier	Philip Albert Carino
Title	Treatment of Insulin Resistance with Growth Hormone Secretagogues
Express Mail Label No.	EV245637226US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 2px;">153</span>] <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference in Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets <span style="border: 1px solid black; padding: 2px;"> </span>] <input type="checkbox"/></p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages <span style="border: 1px solid black; padding: 2px;">4</span>] <input ]<="" p="" type="checkbox"/> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i></li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</li> </ul> <p>5. <input type="checkbox"/> Incorporation By Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> </p>		<p>6. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>	
<b>ACCOMPANYING APPLICATION PARTS</b>			
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) <input type="checkbox"/> Status still proper and desired (<i>PTO/SB/09-12</i>)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other: <b>Priority Claim</b> This application is a divisional of U.S. Ser. No. 10/158,649 of 5/29/02, which is a divisional of U.S. Ser. No. 09/380,186 of 8/26/99, now U.S. Patent No. 6,448, 263, which is the National Stage of Int'l Appln. No. PCT/IB98/00876 of 6/5/98, which was published on 12/30/98.</p>			

*\*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).*

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: 10/ 158,649

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

(Insert Customer No. or Attach bar code label here)

Customer Number or Bar Code Label or  Correspondence address below

**28523**

NAME (Print/type)	John A. Wichtowski	Registration No. (Attorney/Agent)	48,032
Signature		Date	7/22/03

 21910 U.S. PTO  
10/6/2003  
07/22/03

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$918)

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Philip Albert Carpino
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	PC9927C

METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
Multiple Dependent	280	1460	130
Total Claims	8	1807	50
Independent Claims	5	1801	750
** or number previously paid, if greater; For Reissues, see below		1806	180
Multiple Dependent	280	8021	40
Independent	0	1809	750
Claims		1810	750
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